

B6F (Official Form 6F) (12/07)

In re **Jose Atilano Mata,
Ana Maria Mata-Olivarez**Case No. **10-37624**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx6598 Allianceone 1684 Woodlands Dr Ste 15 Maumee, OH 43537	J	Opened 4/01/08 re: City Of Richmond Utility				62.00
Account No. xxx-xx-2628 American Infosource PO Box 248848 Oklahoma City, OK 73124-8848	J	unknown Collections				263.75
Account No. xxx4073 Anthem Healthkeepers c/o Rawlings Financial Svcs PO Box 2020 La Grange, KY 40031	H	3/2013 Medical				155.53
Account No. xxxxxxxxxxxx4523 Bank Of America Attn: Bankruptcy NC4-105-03-14 Po Box 26012 Greensboro, NC 27410	W	Opened 8/01/05 Last Active 7/07/10 CreditCard	X			1,313.92
Subtotal (Total of this page)						1,795.20

4 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

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Case No. **10-37624**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x2461 Barry L Katchinoff MD & Assoc. 7305 Boulders View Lane Richmond, VA 23225	H	5/28/2012 Medical				811.25
Account No. xxxxxxx0258 Bon Secours Richmond Hlth Sys PO Box 28538 Henrico, VA 23228	H	9/12/2012 Medical				1,518.85
Account No. xxxxxxx2883 CJW Medical Center PO Box 13620 Richmond, VA 23225	W	3/7/2012 Medical				4,831.75
Account No. xxxxxxxxxxx xxx7884 CJW Medical Center PO Box 13620 Richmond, VA 23225	H	1/3/2013 - 1/10/2013 Medical				41,846.00
Account No. xxxxxxxxx2803 Focused Recovery Solutions 9701 Metropolitan Court, Ste B Richmond, VA 23236-3690	H	1/10/2013 re: CJW Medical Center				1,685.92
Sheet no. 1 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 50,693.77

B6F (Official Form 6F) (12/07) - Cont.

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxx9783 Focused Recovery Solutions 9701 Metropolitan Court, Ste B Richmond, VA 23236-3690	H	1/4/2013 re: Cardiology Associates of Richmond				864.86
Account No. xxxxxxxxxxxxx8560 Gemb/jcp Attention: Bankruptcy Po Box 103104 Roswell, GA 30076	W	Opened 3/01/09 Last Active 7/14/10 ChargeAccount				512.00
Account No. xxxxxxxxxxxxx1917 Hsbc Bank Attn: Bankruptcy Po Box 5213 Carol Stream, IL 60197	H	Opened 3/01/09 Last Active 7/12/10 CreditCard				1,838.97
Account No. xxxxx7668 Law Offices George Gusses Co 33 S Huron St. Toledo, OH 43604-8705	W	7/9/2011 re: Professional Emergency Care				324.00
Account No. xxx-xx-2628 PRA Receivables Management PO Box 12914 Norfolk, VA 23541	J	unknown Collections				560.42
Sheet no. 2 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,100.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Jose Atilano Mata,
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Case No. **10-37624**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx3220 Pulmonary Assoc of Richmnd 1000 Boulders Pkwy, Ste 102 Richmond, VA 23225	H	1/6-8/13 Medical				80.15
Account No. xxxxxxx7884 Radiology Associates of Rchmnd 2602 Buford Road Richmond, VA 23235	H	7/23/13 Medical				426.02
Account No. xxx-xx-2628 Recovery Mngmnt System for GE Money Bank	J	unknown Collections				141.18
Account No. xxxxx2586 T-Mobile PO Box 660252 Dallas, TX 75266	W	8/21/2010 Unpaid utility				148.36
Account No. xxxx-xxxx-xxxx-6172 Target Nb PO Box 1581 Minneapolis, MN 55440-1581	W	2010 Credit Card				1,184.93
Sheet no. 3 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,980.64

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Case No. **10-37624**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-2628 Verizon Bankruptcy Department PO Box 3037 Bloomington, IL 61702-3037	J	unknown Utility				382.14
Account No. xxx3626 Virginia Emer Phys LLP 75 Remittance drive, Ste 1151 Chicago, IL 60675-1151	H	7/23/13 Medical				850.00
Account No. xx0001 Virginia Emer Phys LLP 75 Remittance drive, Ste 1151 Chicago, IL 60675-1151	W	3/20/2012 Medical				605.00
Account No.						
Account No.						
Account No.						
Sheet no. 4 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,837.14
						Total (Report on Summary of Schedules)
						60,407.00

United States Bankruptcy Court
Eastern District of Virginia

In re **Jose Atilano Mata**
Ana Maria Mata-Olivarez

Debtor(s)

Case No. **10-37624**
Chapter **13**

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [*Specify reason for amendment: _____*]
Check if applicable: ☐ Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 21 was marked/hand-delivered to the Clerk's office on _____.**]
- ☐ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☒ **Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☒ **Creditor(s) added** ☐ **Creditor(s) deleted**
- ☐ **Change in amounts owed or classification of debt**
- ☐ **No pre-petition creditors added/deleted, or amounts owed or classification of debt changed.** [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ **Post-petition creditors added (Schedule of Unpaid Debts)**
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.
*Amendment of debtor(s) Social Security Number requires that a hard copy of this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be submitted to the Clerk's Office for entry of the amended Social Security Number into the Court's database.]

- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: _____.

Date: **October 3, 2013**

/s/ RICHARD J. OULTON, ESQUIRE

Attorney for Debtor(s) [or *Pro Se* Debtor(s)]

State Bar No.: **29640**

Mailing Address: **America Law Group, Inc. dba Debt Law Group**
America Law Group, Inc. dba Debt Law Group
2800 N Parham Rd, Ste 100
Henrico, VA 23294

Telephone No.: **804-308-0051**

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Jose Atilano Mata
Ana Maria Mata-Olivarez**

Debtor(s)

Case No. **10-37624**
Chapter **7**

TO:

Barry L. Katchinoff MD and Assoc
7305 Boulders View Lane
North Chesterfield, VA 23225

Focused Recovery Solutions
9701 Metropolitan Court, Ste B
Richmond, VA 23236

Cardiology Assoc of Richmond
909 Hioaks Rd, Ste B
Richmond, VA 23225

Bon Secours
Customer Service Support Center
PO Box 28538
Richmond, VA 23228

CJW Medical Center
PO Box 13620
Richmond, VA 23225

Radiology Associates of Richmond
2602 Buford Rd.
Richmond, VA 23235

Zoll Lifecor Corp.
121 Gamma Dr.
Pittsburgh, PA 15238

Virginia Emer Phys LLP
75 Remittance Dr., Ste 1151
Chicago, IL 60675

Law Offices George Gusses Co LPA
33 Huron St.
Toledo, OH 43604

Professional Emergency Care
PO Box 3475
Toledo, OH 43607

Pulmonary Associates of Richmond
1000 Boulders Pkwy Ste 102
Richmond, VA 23225

HealthKeepers
c/o Rawlings Financial Svcs LLC
PO Box 2020
LaGrange, KY 40031

**NOTICE TO
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,
☐ deleting you as a creditor,
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

[If amendment is adding creditor(s)] NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

**Jose Atilano Mata
Ana Maria Mata-Olivarez**

Date: **October 3, 2013**

By **/s/ RICHARD J. OULTON, ESQUIRE**

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: **29640**

Address: **America Law Group, Inc. dba Debt Law Group
America Law Group, Inc. dba Debt Law Group
2800 N Parham Rd, Ste 100
Henrico, VA 23294**

Telephone No.: **804-308-0051**

CERTIFICATION

I certify that on October 3, 2013, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

/s/ RICHARD J. OULTON, ESQUIRE

RICHARD J. OULTON, ESQUIRE 29640

Attorney for Debtor [or *Pro Se* Debtor]

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Jose Atilano Mata**
Ana Maria Mata-Olivarez

Debtor(s)

Case No. **10-37624**
Chapter **7**

**AMENDED
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **October 3, 2013**

Signature **/s/ Jose Atilano Mata**
Jose Atilano Mata
Debtor

Date **October 3, 2013**

Signature **/s/ Ana Maria Mata-Olivarez**
Ana Maria Mata-Olivarez
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571